Political Organization Notice of Section 527 Status

OMB No. 1545-1693

Paul I General Information			
1 Name of organization CLEARY 2000		Employer Identification number 06 : 1589566	
2 Mailing address (P.O. Box or number, street, and roo PO BOX 6008	m or suite number)		
City or town, state, and ZIP code WOLCOTT, CT 06716		· · · · · · · · · · · · · · · · · · ·	
3 F-mail address of organization	· · · · · · · · · · · · · · · · · · ·		
4a Name of custodian of records	4b Custodian's address		
JAMES LOFGREN	492 BEECHER ROAD		
5a Name of contact person	WOLCOTT, CT 06716 5b Contact person's address)	
PATRICIA NAJARIAN	43 ROCCO DRIVE		
	WOLCOTT, CT 06716		
6 Business address of organization (if different from ma	illing address shown above). Number, street, and	I room or suite number	
City or town, state, and ZIP code			
Part II Purpose			
7 Describe the purpose of the organization ELECTION OF DENNIS CLE	ARY. STATE REPRESENTAT	TVF TO	
CONNECTICUT STATE LEGI			
CONNECTION STATE CEGI	SLATURE		
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Part III List of All Related Entities (see ins			
on reality of readed entity	nip de Address		
N/A		·····	
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For Paperwork Reduction Act Notice, see page 4.	Cat. No. 30405V	Form 8871 (7-2000)	

	Form	8871	(7-2000)	
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9a Namo	9b Title	hly Compensated Employees (see instructions) & Address
N / A		
N/A		
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Under penalties of p	equry, I declare that the organization	named in Part I is to be treated as an organization described in section 527 of the interna-
it is true, correct, and	that I have exemined this notice, incl. I complete:	uding accompanying schedules and statements, and to the bast of my knowledge and belief
	- V Shu	
Sion Arm	- W Jan	07/31/00

Sign Here

Date